

*Dr. Alexander Wood
with Dr. Rumney's regards,*

OPENING REMARKS

BY

THE PRESIDENT

OF THE

PUBLIC MEDICINE SECTION

OF THE

BRITISH MEDICAL ASSOCIATION,

AT ITS

MEETING IN NEWCASTLE-UPON-TYNE,

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THE PUBLIC AND THE MEDICAL PROFESSION.



NOW, for the third time, this Association has recognised 'State Medicine' as a subject for separate treatment in a special department of our Annual Congress.

When, at the meeting in Dublin, I suggested the formation of this Section, our leaders at once admitted the propriety of such an addition to the usual scheme. Accordingly, at the following meeting in Oxford, Mr. Simon, and last year in Leeds, Dr. Farr, occupied this chair, to the great furtherance of the cause we here assemble to promote.

At the kind request of our President, I accepted the honour now conferred on me,—not, indeed, without misgivings as to my fitness for the post, yet anxious to do what I could to aid your deliberations, and conscious that I should be supported by many able fellow-workers.

Without waste of words, I proceed to our business—the Public Relations of Medicine.

The State, even in this country, has availed itself of medical knowledge and skill in many ways; not, however, until laws had been enacted and Royal Charters granted—all since the 15th century—for the purpose of incorporating the several orders of the profession in the three divisions of the kingdom: thus improving the *status* and raising the qualifications of each. In 1858, for the first time, the State began to provide

for the more uniform education of the whole profession, and for its complete registration. And now, at last, Parliament has been asked to provide for a single State Licence, which may supersede the licences of the several corporate bodies, whose diplomas have been permitted so long to perplex the profession and mystify the people.

But the State has for some time recognised the profession as a whole by making use of it, through public authorities, for public purposes. Thus many of us are occupied in an organized system for the medical relief and sanitary care of the destitute classes in districts and workhouses. To us is officially committed the health and sickness of classes still more helpless—the inmates of asylums and of prisons. Even the hospitals and dispensaries of this kingdom are to some extent employed and protected by the State: in Ireland, they are entirely under public control. The Government also provides for the medical requirements of certain public bodies, the police, some departments of the civil service, and the labourers in public works.

Above all, the State, through its War Departments, secures, under exact regulations, the due examination of those entrusted with the medical charge of sailors and soldiers; thus acknowledging that the wisdom of the sons of Mæchaon and Podalirius avails more than many thousands of combatants in the bloody conflicts of a yet uncivilized, unchristianized humanity. It was in this department of the public service that the earliest, and (next to those of Howard, the Prison Reformer), the most signal efforts of preventive medicine were made. It was under our Pringles, our Linds, and our Blanes that the foundations of a scientific hygiene were laid; and here still it is that important sanitary experiments are being constantly made, which may ultimately be extended for the benefit of the whole population.

By medical agency, again, the State protects the children and youth of the working classes in factories, workshops, and

mines, where the keenly-contested race between Labour and Capital requires continual and vigilant supervision.

It is men, medically educated, who have to determine, in many cases, the capability of persons to fulfil civil duties, social and family responsibilities, and labour contracts.

In the administration of justice, it is the physician or surgeon who has to ascertain and report facts which can be discovered and described by him alone, and to deliver opinions which he only is supposed to be competent to form, for the furtherance of right, the redress of wrong, and the detection of crime.

All these matters show the reality and the existence of State Medicine. It has *not* to be formed: it has only to be re-formed. What is now done imperfectly, irregularly, distractedly, may be done normally and efficiently. To reduce this chaos into order is a work in which we may heartily co-operate with the government and legislature of the country.

To some, no doubt, the necessary reforms will seem objectionable innovations. Every movement of the kind in this country is said to pass through three stages—that of ridicule—that of discussion—that of adoption. State Medicine has probably passed the first of these stages, and has gained strength in the encounter. We are now happily *discussing the methods* of its better organization. It may yet be a work of years to complete the machine, and a still longer process to regulate its action.

I recollect a party of earnest men meeting in January, 1853, at the late Dr. Marshall Hall's. Sir Ranald Martin was a moving spirit on that occasion. Mr. Pollock acted as our secretary. Here, in this prospectus of the Society of State Medicine, is the result of the deliberations of that meeting. We received no support either from the profession or the public. Excellent as were our objects, and well-considered our scheme of inquiry, the subject was too novel—perhaps, I may say, too high—for popular approval at that time.

In promoting the cultivation of State Medicine and its proper application to the public service, we are, in fact, building upon the Physical Sciences as the foundation of our work, just as Medicine in general began to comprehend them during the revival of learning in the middle ages. The nascent Universities then claimed for Medicine a wider and more philosophical meaning than that of the Healing Art, and assigned it a place under Physics. It was long after the fall of the Roman Empire that the higher order of medical practitioners became, and were first called, *physicians*. When Pliny the Elder wrote of *Empedocles physicus*, he did not mean *medicus*. The epithet 'physicus' then denoted a follower and observer of nature. The words 'Physiker' in Germany, and 'physician' in England, do not appear, I think, until the thirteenth century¹; and they are perfectly distinct in original meaning from the greek *ἰατρός* and the latin *Medicus*. Nor do I know that any other nation has employed this designation of a professor of physics to mean a healer of the sick².

The 'Kreis-physikus' of Germany, I hardly need say, is the type of the State Medical Officer, whom we are endeavouring to establish in England.

Here, however, not only did the word 'physician' come to mean simply a therapist, but a further and more curious perversion of *φύσις* took place when the word 'physic' came to be used for certain medicaments, of which perhaps the composition, perhaps the administration, could not always be reconciled with any known laws of physical science.

¹ Chaucer's 'Doctour of physike' must have been a graduate of some university.

² When the late Professor Whewell said, 'Medicine in its original and comprehensive sense, as one of the great divisions of human culture, must be considered as taking in the whole of physical science,' he probably referred to the revival rather than to the origin of Medicine.

In opening the proceedings of this Section, I may be expected to notice a few of the principal events of the past year bearing on our subject.

I cannot wholly exclude from our consideration the most exciting professional topic of the day—the Medical Acts Amendment Bill—which has just been withdrawn by Government, in consequence of a widely-spread medical opposition. Preferring a single Examining Board for the United Kingdom to three separate concentrations of existing authorities, and admitting fully the incompleteness of this measure, I would yet have accepted it as fundamentally correct in principle, simple in form, statesmanlike in design, and capable of effecting an enormous improvement in the framework of the profession. If the rejection of this Bill should cause Lord De Grey and Mr. Forster to abandon the conduct of medical reform, our loss will be great.

Of the Medical Council, which is the connecting link between the profession and the State, it is not meet that I should say much. The work that it has accomplished during the last twelve years will be judged of more fairly and accurately by a succeeding generation than it is by the present. The complaint that the Council does not directly represent the whole Medical profession may or may not be founded in reason. There are no facts to show that a purely representative body would have done more. The future may, perhaps, supply an answer.

The real desideratum is, I suppose, to have a working body,—a body which will do the business committed to it by the Legislature with as little circumlocution as possible. It may be very desirable that every medical man should be represented in *some deliberative* assembly. Every branch of the profession, for instance, ought to be represented in its own college. But, from my experience as a member of the Medical Council, I should say that an *executive* body, elected, even in part, by a majority of the practitioners

whom it has registered, and therefore liable to be swayed by every breeze of medical politics or feeling, would be likely to prove a greater failure than the present. Moreover, if the Medical Council is to be made, as it doubtless might well be made, more accurately than at present, representative of the Classes and Institutions for whom it is appointed to act,—what may the Public have to say on the matter? If medical practitioners are to be directly represented on the Council, may not Parliament require that the various public bodies and authorities which employ us shall also be directly represented by the addition of eminent Laymen to the Council?

The leaders of this great Association have pronounced, definitely and energetically, against the Government Bill as it left the House of Lords, not only because of the absence of any provision for direct representation, but also because it would not prevent the Universities from granting their ancient degrees in medicine to any but those licensed to practise by the proposed Medical Examining Board.

Now, if highly educated men are content *not* to be converted into practitioners, if they consent to forego all the material advantages of registration, are they not to be allowed to take a degree in medicine without also obtaining a State licence? I regret much to differ on this point with many good friends; but, in my opinion, to compel every member of a college, still more every graduate of an university, to obtain a State licence, whether he requires it or not, would be simply an act of tyranny. The State may reasonably refuse all legal rights to the mere graduate, who may remain legally incompetent to perform any medical act, to sign any certificate which would be accepted in a court of law or by any public authority; powerless also to claim any professional privilege or exemption. But all this does not satisfy our theoretical reformer. The candidate for a degree must, *nolens volens*, be driven into the practising body through the one portal.

It appears to me that, on grounds of abstract justice, the State has no more right to prevent the university graduate from taking his place among other *unregistered* persons, than it has to require a government licence for admission into the Royal Society or the Athenæum Club.

Was it not a sufficiently sweeping change that a single State licence was to be substituted for a medley of legalized portals into the profession? Perhaps the extent of this concession on the part of the universities and corporations has hardly been appreciated. It is quite another question whether those learned bodies ought ever to have been permitted to employ their certificates of qualification—their degrees of bachelor and doctor—as *licences to practise*. The licence was originally the act of the State, as all other licences are. The Act, 3 Hen. VIII, constituted a learned body to examine, approve, and admit physicians and surgeons, some years before a charter was granted to any medical college. When the function of licensing, that is, of granting a public and legal permission to practise, was delegated to the professional corporations, *it was doubtless done for a consideration*. From that time, the qualification, at least in England, has meant the licence; the licence has supposed the qualification. Two essentially different authorizations were united in one document.

Now we were ready to change all this, and I believe rightly. The State was to resume its inherent and original powers: the State examination was to precede the State licence. Here then, as I said, we were about to enter on a new order of things.

But this examination would necessarily be for a *minimum* qualification. The licence could only declare the least amount of knowledge with which the licentiate might safely be turned loose on the public. The State could go no farther, unless it should provide higher qualifications for various branches of the Civil Medical Service, or declare that, for public employment, a man shall possess a particular university degree, or a higher qualification granted by some medical college.

One feature of recent discussions is, in my opinion, unfortunately too clear. However earnest may have been the claims or forcible the appeals in behalf of professional *interests*, or corporate *privileges*, or university *rights*, no notice has been taken of the fact that this Medical Bill entirely omitted to provide for the exercise of Public Medicine.

When Sir James Graham proposed, now nearly thirty years ago, his Council of Health and Medical Education, he intended to form a body which the Government might safely consult on all questions relating to public hygiene, to the causation and prevention of disease, and to legal medicine. We hear of nothing of the kind now. Hence the question of further qualification for the higher offices of State medicine has been deferred, if not slighted. I have heard of but two excuses for this omission.

The first is, that general regulations for medical education would be made so comprehensive and so stringent, that every future candidate for the licence, at twenty-one years of age, would have been thoroughly instructed in all departments of medical knowledge and art³, even those which outlie the ordinary practice of his profession, and which he may seldom or never have occasion to utilize in life.

Now I appeal to those around me, men of experience, some of whom, like myself, have grown grey in the battle with disease and mortality, and who may have learned far more after the completion of their student-life than during it,—I ask whether you think it possible, by the most ingenious scheme of medical education, by the most refined process of tuition, even by the most artistic coaching, to convert any average student, by the time he reaches his legal majority, into an authority on matters affecting the health and safety of the community, and in medico-legal cases;—a man fully equipped for all branches

³ 'A complete qualification to practise every department of Medicine and Surgery.' See the recent *Statement of the Scottish Colleges*.

of the public service. If this really be possible, why do the authorities of the Army and Navy require for their surgeons further study and a crucial examination?—one which has hitherto supplied no bad test of the validity of the examinations of the licensing bodies. Do we believe that the proposed Examining Boards can alter a natural law, can render special and prolonged preparation for the higher walks of the profession unnecessary, and turn out an order of juvenile if not Admirable Crichtons?

But a second excuse has been pleaded for the omission of any provision for a high and special qualification—viz. either that it may be made the subject of a supplementary enactment, a sound basis having been laid in the principal measure, or that the question may be settled by an administrative act of Government, which might, *sud sponte*, require candidates for public appointments to appear before a Board of Examiners for the Civil Medical Service, ~~or~~ for the Army and Navy. Much may be said in favour of such a course. Perhaps this might prove the readiest solution of the difficulty. But it is well to recollect that, by such a measure, the dependence of the Civil Medical Service on the State would be made complete. No Medical Council, however reformed, would then exercise the slightest control in the matter. The opinions of the Government advisers for the time being would decide all questions concerning the standard of fitness for every kind of public medical duty.

To revert to the conditions of admission into the Medical profession. In striving zealously for the 'one portal,' as it is called, we cannot forget that membership of a college, or graduation in a university, secures certain objects of high *moral* importance, which no State licence can secure. To belong to a learned body, is, or ought to be, a guarantee of personal respectability and morality. To be expelled from that society, is understood to be a declaration that the guarantee has been forfeited. To deprive a mere licentiate,

under any future Act, of his legally acquired rights, would, I imagine, be possible only in cases of convicted crime, or infamous conduct; but to strike an unworthy name off the rolls of a college is comparatively a simple proceeding, applicable to a greater number of cases, and ought to be an inevitable consequence of moral or professional delinquency.

A high standard of medical ethics can never be expected from the mere one-portal system; but the maintenance of that standard is essential to the character of a college. Here, then, is another reason for treating the collegiate qualification as totally distinct from the State licence. The one is esoteric, regulating its internal mysteries and dignities,—the other exoteric, determining its public relations. The former is the *sacramentum* of honour and fidelity, the latter a security of civil rights and duties.

When the young Greek was admitted among the sacred *Asclepiadæ*, he pledged himself to a severe canon of ethics, by that wonderful *Ὀρκος*, which has remained more or less in force during twenty-four centuries, and has formed the basis, or supplied an element, of probably every engagement which has been required, at different times and places, for admission on the rolls of the Faculty.

In taking that oath, the scholar of old declared his loving and filial reverence to the teachers from whom he learned the art,—promised gratuitous service, and the like instruction to their descendants, equally with his own sons and disciples,—vowed to consider before all things the benefit of the sick who might seek his aid,—repudiated all immoral practices,—refused to work any abomination, however solicited,—dedicated himself to purity and holiness of life,—engaged to refrain honourably from undertaking a separate branch of the art,—and pledged himself to inviolable secrecy as to matters of private life which might come under his observation in practice.

This oath of the Coan sage may perhaps be called a piece

of mere heathen morality. Then, at all events, *our* standard should be a higher one. Is it so? Wider and deeper thought may remind us that all true morality has but one source—that ‘every good gift and every perfect gift is from above, and cometh down from the Father of Lights.’

How can we profit by this noble Hippocratic legacy? It cannot, I think, be made a condition of a State licence; but it might be required for the diploma of every medical college. In fact, an oath to demean himself honourably in the practice of his profession, and to maintain the respectability of his college, is still administered to candidates for admission into some of our collegiate bodies. And to the honour of the College of Physicians of London, I may say, that body has laid down some excellent rules of conduct for its fellows and members. I am not aware that any other body provides with equal minuteness against breaches of a professional code.

We are often tempted, perhaps unfairly, to apply the term ‘quackery’ to the practice of medical novelties or heresies. Now, I would suggest that the utmost freedom of judgment and action in the selection of means for the prevention or relief of sickness may be allowed by the authorities, and may be enjoyed by members, of the profession, without incurring an unmerited or degrading nickname. There are quacks, as regards their conduct, who may be most orthodox as regards their theories of medicine. On the other hand, there are learned medical sectarians, to my knowledge, who, in the exercise of their calling, are honourable and upright.

That real quackery which is to be found even among the ranks of the ‘regulars,’ and which consists in loud pretension, unwarrantable assumption, pomp of equipage, and extortion, may be checked, if not repressed, by two methods. The one is in our own power, but it requires the cordial assent of the authorities and members of the profession to some definite code of ethics. The other depends on the view taken by the Government and Legislature of our relations with the State.

A very instructive illustration of the latter method of remedying abuses is afforded by the history of medical practice in the Roman empire. When, under the first Cæsars, the ancient virtue of that great people was so rapidly decaying, that society became morally putrescent, then also flourished the most shameless quackery. In vain did Juvenal and Martial lash it; in vain did Pliny the Elder expose it with humorous yet indignant simplicity. No mediæval or modern quack—no Paracelsus, no Louthembourg, no St. John Long—has ever exceeded the audacity, the imposture, and the venality of the leading Roman practitioners,—such, for instance, as Thessalus or Charmis. No mountebank or charioteer of three horses, said Pliny, paraded the streets with a more numerous retinue than the astrological doctor, Crinas from Marseilles. Even the more respectable *clinici*, as Symmachus, were followed by troops of pupils to the bedside, not always, as Martial⁴ tells us, to the benefit of the patient.

Then, according to Pliny, their miserable conflicts around the sick; their professional use of the Greek tongue to enhance their authority among the vulgar; their crafty dealings in the matter of wills; their poisonings for reward; their rapacious marketing with impending mortality; their securities for payment taken from the dying,—all showed how completely the religion of the Asclepiadæ and the philosophy of the Greeks had disappeared from the fashionable medicine of that day.

In fact, the profession in Rome and its dependencies had no means of internal purification; so the State was compelled to step in and to organize the faculty, for the public safety. Colleges of '*Archiatři Populares*' were established in

⁴ Martial, v. 9:

‘Languebam: sed tu comitatus protinus ad me

Venisti centum, Symmache, discipulis.

Centum me tetigere manus aquilone gelatæ:

Non habui febrem, Symmache, nunc habeo.’

all the great cities of the empire—consisting of five, seven, ten, and in Rome of fourteen members. These provided the poor with all the care and succour which the art could then afford. The civil law interfered, not only to secure them fair salaries for their public duties, and reasonable remuneration for their private services, but to prevent that horrible corruption and extortion which Pliny so mercilessly laid bare.

The true principle of professional duty, then sanctioned and enforced by the law, showed the advance of a truer and deeper element of civilization. The statute of Valentinian and Valens thus refers to the *Archiatři*, whom it confirmed and regulated :—

*‘ Qui scientes annonaria sibi commoda a populi commodis, honestè obsequi tenuioribus malint quàm turpiter servire divitibus. Quos etiam ea patimur accipere quæ sani offerunt pro obsequiis, non ea quæ periclitantes pro salute promittunt’*⁵.

Why do I recall these remarkable facts, but to illustrate my proposition that a low standard of professional morality may be elevated, not only by the profession itself, but by the government of the country, which may legitimately interfere for the public protection?

It is the more important that the relations of Medical Ethics and State Medicine should be fully recognised; for it is in the matters of hospital and workhouse and sanitary appointments, and of evidence in courts of law, that breaches of high professional morality are, I am loth to say, most apparent.

Have none of us witnessed the humiliating spectacle of a brother practitioner pandering to the greeds of vestry patronage, or to local-board jobbery, or to hospital cliquery? Have not appointments been canvassed for while the holder was *in articulo mortis*? Has the worth of a rival candidate never been indirectly depreciated, or damned with faint praise? Have the blandishments of the fair sex never been

⁵ [*Cod. Theod.* lib. xiii. tit. iii. lex. 8.]

enlisted in behalf of the domestic favourite? Did no aspirant for office ever rush into authorship for the sake of a reputation not based on research or experience?

Again, does the medical witness, to quote from Dr. Stokes⁶, always 'go into court untinged by partisanship with the plaintiff, with the defendant, *with himself*? Is he there to give his opinion careless of how it may tell?'

Whether from a defect of conscientiousness, or from the waverings of an unsettled judgment, or from the want of a strict rule of preparation,—have not statements been made under the pressure of examination which, on calm reflection, and perhaps after the delivery of an utterly erroneous verdict, the witness silently and bitterly regrets for the rest of his life?

Here it is for the legislature or the courts to interpose and protect public morality, to help the weak, to silence the unscrupulous, and to confirm the true.

As Mr. Simon replied to our State Medicine Committee,—

'I think it immeasurably to be desired, not exclusively as regards our profession, but as regards all skilled opinional evidence required in aid of justice and legislation, that the system of giving such evidence on one-sided retainers—a system which has even led to such evidence being publicly stigmatized as "traffic testimony"—should, as far as practicable, be exchanged for some well-considered system of impartial reference.'

Among other events of the year which bear on the work of our Section, I may notice a remarkable series of observations which Professor Mantegazza has reported to the Institute of Lombardy. The experiments were not made under the dull sky of Britain, but in sunny Italy. We have all heard how Acron of Agrigentum, and other followers of

⁶ The 'Discourse' delivered in November last by Dr. Stokes at the Meath Hospital, I believe to be the most valuable contribution to Medical Ethics of the last decade.

Empedocles the physicist, employed aromatic and balsamic herbs as preventives of pestilence, often burning them, sometimes planting them round their cities. So also Herodian records⁷ that in a plague which devastated Italy in the second century—the counsel of the doctors having been taken—strangers crowding into Rome were directed to retreat to Laurentum, now San Lorenzo, that by a cooler atmosphere, *and by the odour of laurel*, they might escape the danger of infection. Some of us may have smiled at the latter part of the advice. Could the scent of herbs and flowers do more than conceal the presence of infectious matter in the air? Mantegazza now replies in the affirmative. He says that in the oxidation of the essences of odoriferous plants a large quantity of ozone is evolved, at least as much as is produced by phosphorus or electricity; also, that in the greater number of these cases, ozone is developed only by the direct rays of the sun, although in others the action, commencing in solar light, is found to continue in darkness. Some details of these interesting experiments have appeared in the scientific periodicals, so I need only mention, that among the plants which largely develop ozone on exposure to the rays of the sun, are cherry-laurel, clove, and lavender; among flowers, the narcissus, hyacinth, and mignonette; and among perfumes, similarly exposed, eau-de-Cologne, oil of bergamot, and some aromatic tinctures. Flowers destitute of perfume are said *not* to produce ozone. The Professor therefore recommends the cultivation of herbs and odorous flowers in *marshy districts, and in places infected with animal emanations*.

This destruction of the demon Malaria, by a spirit begotten by sunlight out of flowers—if it be confirmed by subsequent observation—not only explains the good effects of what might seem to have been merely speculative or empirical advice, but also affords a beautiful confirmation of an

⁷ Langius, Jo., *Florilegium*—Morbus, p. 1854. Lugduni, 1648.

ancient myth by modern science. When Apollo the Healer⁸, by his life-inspiring and health-restoring rays, penetrates the loveliest objects in creation, and draws forth from them a mysterious purifier, a mighty but invisible disinfectant,—the god of Medicine may be said to administer to a plague-stricken people a most potent remedy concealed in the most grateful and attractive of forms.

I am compelled to turn to a very different subject—the controversies which have deluged and defiled the public press on the prevention of Syphilis.

It is not for me, in this chair, to pronounce upon the amount of benefit effected by what are called the ‘Contagious Diseases Acts.’ I cannot deny that the public recognition of any disease, the direct propagation of which depends on immorality, has a twofold, if not a doubtful, aspect. I may also admit that there may have been some statistical fallacies and pardonable exaggerations on both sides of this hotly-contested question.

But I should not satisfy my sense of duty on this occasion, were I not to protest against the indecency and violence of language, the shamelessness of unfounded assertion, the perversion of authentic reports, the suppression of facts and the invention of fables, which have characterized the proceedings of a party busily engaged in stirring up many thousands of ignorant and prejudiced persons to petition Parliament for a repeal of those Acts. This fanatical movement has been promoted even by ladies of delicate breeding and high reputation, some of whom, I regret to say, have not shrunk from addressing mixed audiences of men and women on this dirty subject. The uproar has also been instigated and supported by ministers of religion. These are among the saddest signs of the times. The moral evil of the discussion,

⁸ Ἀπόλλων Ἱητρός—Hippoc.

carried on as it has been, far exceeds that which might possibly have been the effect of an erroneous working of these regulations.

That some abuses should occur in the administration of any corrective law is no wonder, no exception to the general course of human affairs. Some persons, no doubt, have been imprisoned for theft, some hanged for murder, who were as innocent as infants of the crimes for which they suffered. But, happily for the Acts in question, it *is* a remarkable fact, which I think deserves particular attention, that *every* allegation of abuse, *every* charge of cruel indignity to innocent women, which have been so industriously circulated, have turned out, on thorough investigation, to be *without foundation*⁹. These mendacious and absurd charges have been generally disposed of in the last full, clear, and judicious Report, prepared by the indefatigable Secretary of the Association for promoting these Acts.

Perhaps one of the most dishonest attempts of the repeal party was to make people believe that the English regulations are identical with the French; the fact being that the two systems are essentially different on three main points. Here there is *no authorized registration* of prostitutes, as in France. Here they are in *no way licensed* to their trade, which is still illegal, and liable to prosecution under existing statutes. *No certificate of cure* is here placed at their disposal, as in France.

Arguments of some eminent authorities—at least those of Mr. Simon—against the *extension* of the Acts to the whole civil population, whether valid or not, have been unscrupulously employed by the advocates of the *repeal* of those Acts,—

⁹ For example, Professor Newman, who took a leading part in the first turbulent attack upon these Acts, at the Bristol Congress of the Social Science Association, afterwards narrated, in the public prints, a horrible story, for which, when pressed, he was unable to give the slightest authority, and which turned out to be a pure fabrication. Yet for this he made no public apology.

a course which Mr. Simon has deprecated,—guarding himself distinctly against any disapproval of such regulations as applied to military and naval stations.

It would indeed be a disgrace to our civilization if this irrational and discreditable opposition should induce the Legislature to abandon the course it has hitherto so cautiously pursued, or (what would be a public calamity) to repeal the Acts; although I share a very general opinion that they require some amendment and modification before they are extended to the civil population. As followers of a divine calling, it must surely be our duty, without listening to any pharisaical scruples about interference with the penalty of sin, to support cordially every well-considered measure for the cure of disease and the arrest of contagion. To effect these objects, it may be necessary to isolate the sufferers, by every lawful means, for the double purpose of curative treatment and of protection to society. In order to isolate, justly and effectually, inspection becomes necessary. In particular, from this loathsome and often fatal contamination, it is of paramount importance to guard the innocent and the unborn.

A few words may not be out of place respecting the labours of the Royal Sanitary Commission, which may be said to owe its existence mainly to a movement originated by this Association. The change of Ministry, in the autumn of 1868, necessitated a reconstruction of this Commission. The loss of Lord Northbrook, as chairman, was a matter of much regret to those who knew his remarkable qualifications for the post; but its arduous duties were happily accepted, and are being very thoroughly performed, by Sir Charles Adderley. As might have been expected, some members of our profession animadverted on the reduction of the number of Medical Commissioners from seven to five; and certain changes in the objects and limits of the inquiry led, perhaps excusably, to some not very mild expressions of dis-

appointment. But if the scope of inquiry and the methods adopted for obtaining information were not, in every respect, such as were sought for by the Joint Committee of this and the Social Science Associations, enough, I think, has been obtained from Government to secure very important results; and alleged deficiencies in the scheme of the Commission may be supplied by a future investigation, for there is no probability of this being the last. Let me express a hope that you will rely on the excellence and reality of the work which is being done by this Commission,—containing, as it does, some of the best men in the profession, some of our most honoured associates. May I, also, offer a word of caution against impatience under what may appear to be needless delay in the completion of this great work. Believe me, that the various, and often very conflicting, statements and suggestions, on a wide range of topics, which have been made to the Commission, demand the most careful analysis and comparison; and that anything like hasty conclusions would impair the value of the forthcoming Report. In the absence of any power to conduct local inquiries, or to determine by personal inspection the sanitary condition of the large towns and other districts, it seems desirable that the labours of the Royal Commission should be supplemented by some such returns as were contemplated in 1868 by our Joint Committee; which has, in fact, authorized the printing of a very comprehensive category of questions—due to the untiring energy of Dr. Stewart. Whether these excellent forms may ever be utilized, or whether they are to make their public appearance as wrappers for cheap grocery, may depend partly on the readiness of the organized branches of the British Medical Association, aided by the Social Science Association, to collect the information for which their Joint Committee asks; and partly, again, on the contents of the final Report of the Royal Commission.

In the first Report, recently published, is to be found, as

doubtless you are aware, some very important information respecting Newcastle, to which I now refer only for the purpose of expressing my hope, that the medical gentlemen appointed to report on the sickness and health of the poor of this town, will favour us with some further explanation as to their manner of action ; for it seems that Newcastle is an almost exceptional instance of cordial co-operation between the various local authorities concerned in the care of the public health.

Why should I allude to an event of the past year, deplored not less by the medical profession than by the public at large ? What had Charles Dickens to do with State Medicine ? I might indeed reply by asking—to what form of physical suffering, to what project of relief or prevention, was *he* indifferent ?

It is, however, a fact to be noted, that he was a fellow-worker with us in not the least important portion of the business of this Section. In 1860 he advocated the Public Registration of Sickness ; and I cannot do better than remind you of the memorable words with which he concluded a remarkable paper on that subject ¹⁰ :—

‘ It is most true that we have never studied, and are still neglecting to study, with any accuracy, the statistics of sickness and health, to which the statistics of death, even if they were perfect, afford no clue. So far as care of the body goes, it concerns a man more to know his risks of the fifty illnesses that may throw him on his back, than the possible date of the one death that must come, and of which the time is to him personally—in spite of libraries full of statistics—utterly unknown and uncertain. We join, therefore, in the demand for a registration of sickness that has not a fatal end, as well as for a more effective registration even of the births and of the causes of deaths themselves. Let us have lists of the killed, and of the wounded too.’

In Newcastle, where so much has been effected, with such care and pains, by the Medical Society and Dr. Philipson, it is

¹⁰ ‘ All the Year Round,’ No. 86, pp. 227, 228.

needless for me to enlarge on the advantage of an official registration of all sickness attended at the public expense. The best methods of obtaining so essential an addition to our knowledge of the extent and causes of disease, will probably be discussed by the Section; and I hope that the association will adopt such measures on the subject as may aid those who are endeavouring to obtain from the Legislature an organization of skilled officers of health, to whom would be committed the compilation of the proposed register of sickness in every district. Great as have been the results of voluntary effort in this place,—still more remarkable the completeness of these records in Manchester and Salford for the last ten years, (thanks to Dr. Ransome and other earnest workers)—it is, I believe, generally admitted, that a national machinery is indispensable to the permanence and universality of the work, and that the fitness and efficiency of that machinery depend on the course which Parliament may take in future sanitary legislation.

